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ABSTRACT

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# A Youth-Initiated HIV Risk and Substance Use Prevention Program

by

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# A Youth-initiated HIV Risk and Substance Use Prevention Program

In 1999, African American (AA) adolescents (age 13-19) accounted for 56% of all new HIV diagnoses and rates of HIV infection continue to rise among AA youth despite declining rates in other populations (CDC, 2001). Evidence is emerging to suggest that youth who engage in risky sexual behaviors also use substances. For example, AA males (age 15-18) who engage in risky sexual behaviors are also likely to report alcohol and other drug use behaviors (Newman & Zimmerman, 2000). Similarly, adolescent female marijuana users report a greater number of lifetime sexual partners and are more likely to have had an STD (Boyer, 2000).

While prevention programs specifically targeting AA youth are emerging (e.g., Jemmott, Jemmott & Fong, 1998), few are community-based programs that involve youth at every level of the program and even fewer simultaneously target both substance use and HIV risk behaviors. This paper reports the results of an evaluation of the feasibility phase of the Offering New Youth eXperiences (ONYX) program which is a community-based youth-initiated combined substance use and HIV risk behavior reduction program implemented by the Kansas City Free Health Clinic.

## The ONYX Program

Working from a Diffusions of Innovations (Rogers, 2002) framework, the ONYX

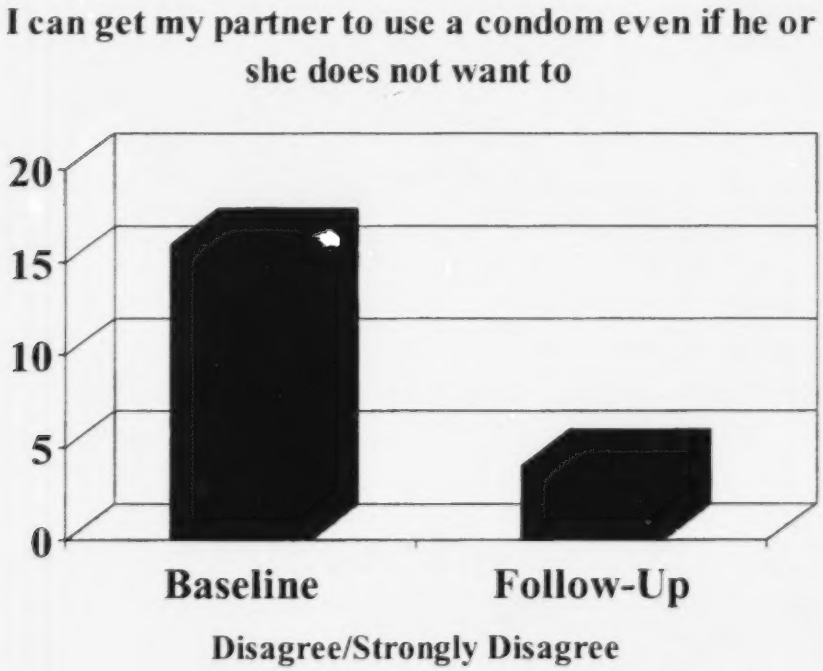
program involves youth at all levels of the program, from the development of prevention materials and activities, to the distribution of grant funds. The process is guided by a group of 10-12 student ambassadors who are recruited from the community sites. These youth receive training in substance use/abuse and HIV risk reduction, epidemiology, leadership and speaking skills, and grantsmanship. Ambassadors then develop a request for combined substance use and HIV risk reduction grant applications from their peers and develop a plan for informing their peers about the program and the availability of up to $2000 for youth-initiated prevention programs. The ambassadors then host a conference to educate their peers about substance use and HIV risk behaviors and teach them how to write grant proposals. Two months later the ambassadors review the grants and decide which to fund. During the year that is reported on here, $25,815.22 were distributed to support youth-initiated prevention activities.

Participants were 441 youth enrolled in one of the alternative schools or church based youth groups that participated in ONYX. Baseline and follow-up measures of HIV/AIDS knowledge, attitudes, and risk behaviors were administered seven months apart. Due to the tremendous dropout rate at the sites, only 71 youth that completed baseline and follow-up questionnaires during the feasibility phase are reported on here. Further, the control group was dropped as it was inappropriate in terms of risk behaviors and age. At baseline, participants averaged 15 years of age (SD = 2.4, range 11-20), most identified as African American (86%) and approximately half were females (53%).

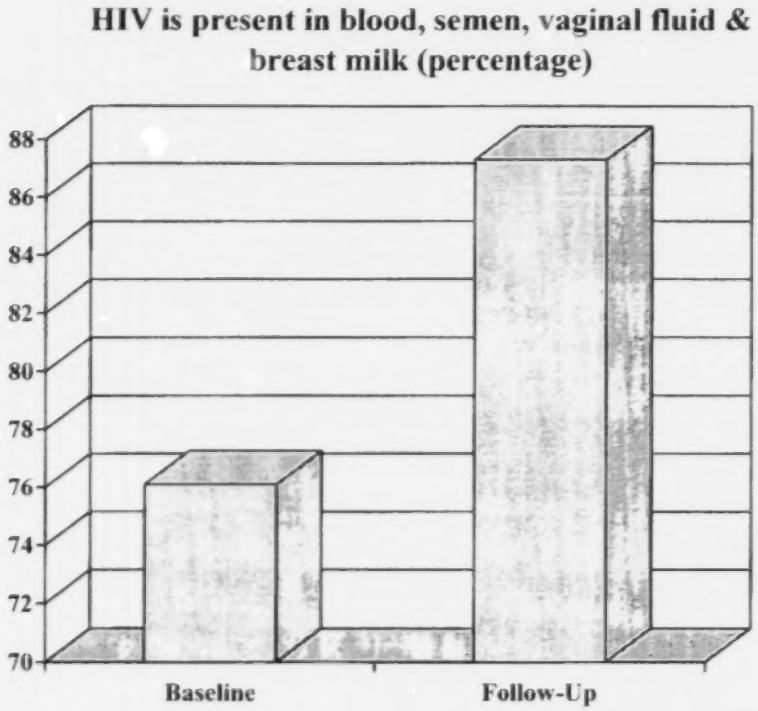
**Sexual Behaviors, Self-Efficacy, and HIV Knowledge**

Although a reduction in risky sexual behaviors (i.e., sex without a condom) was observed from baseline ($\underline{M} = 4.2$, $\underline{SD} = 8.6$) to follow-up ($\underline{M} = 2.4$, $\underline{SD} = 4.4$), it did not reach statistical significance [$t(37) = 1.03$, $p > 0.05$].

However, participants did demonstrate increased confidence in their ability to get their partner to use a condom at follow-up. Four percent of the participants strongly disagreed with the statement "*I can get my partner to use a condom, even if he or she does not want to*" at follow-up compared to 15% at baseline ($\chi^2 = 5.08$, $p < 0.05$).



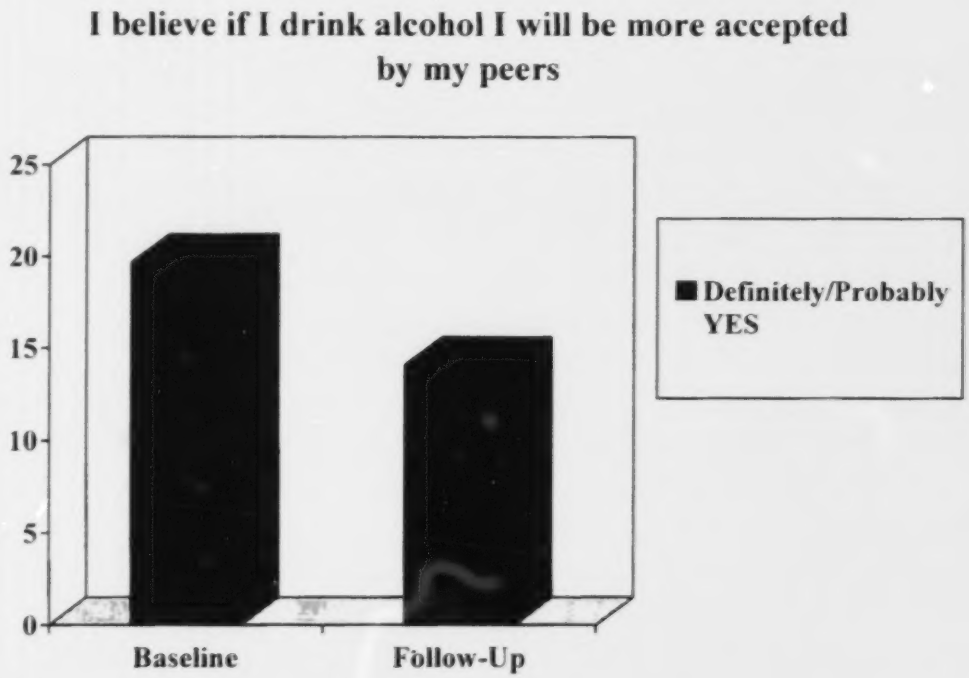
Youth's knowledge about HIV also significantly increased from baseline to follow-up [$t(68) = 3.23$, $p < 0.05$].




**Alcohol Use and Self-Efficacy**

Alcohol use did not decrease at follow-up. Specifically, 23% reported alcohol consumption an average of 11 days during the month prior to the follow-up assessment (SD = 12.2, range 1-30). Furthermore, the percentage of participants who consumed 5 or more alcoholic beverages increased from baseline (7%) to follow-up (13%) with youth reporting binge drinking on an average of 11 days during the past month (SD = 7.9, range 1-21).

However, respondents' attitudes and perceptions of alcohol use did change favorably. For example, 86% of the participants at follow-up believed that drinking alcohol would probably or definitely *not* make them more popular with their peers, compared to 70% at baseline ($\chi^2 = 5.00$, $p < 0.05$).

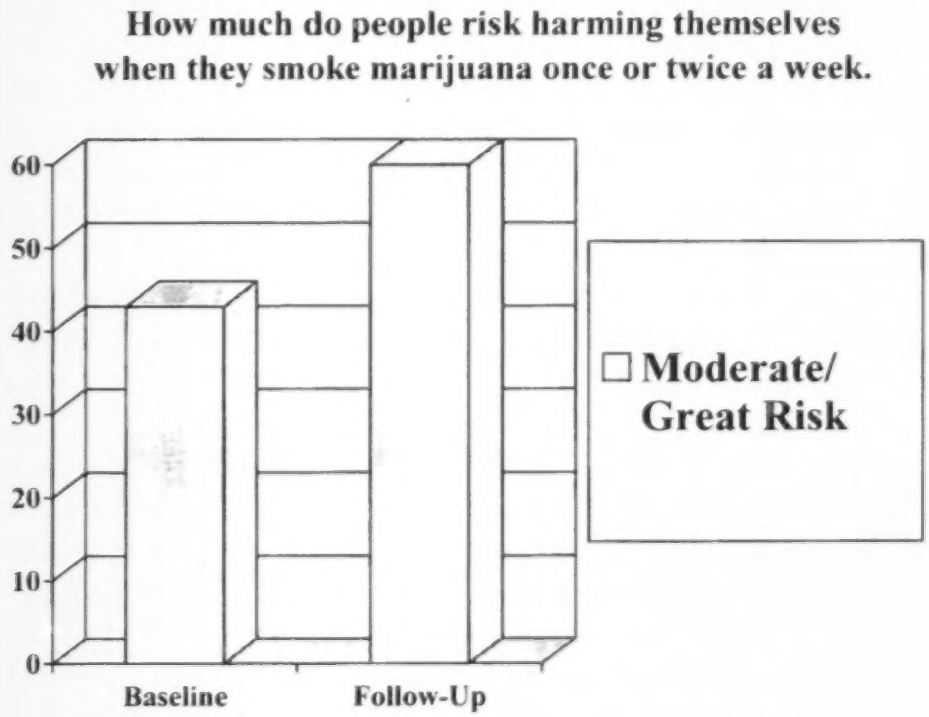



Participants' perception of the physical risks associated with alcohol use increased at follow-up with more than half the sample (58%) reporting that there was a moderate to great physical risk associated with having 4 or more alcoholic beverages once or twice a week as compared to 38% at baseline ($\chi^2 = 4.06$, $p < 0.05$)

**Marijuana Use and Self-Efficacy**

The proportion of participants who used marijuana one month prior to the follow-up assessment decreased slightly as compared to baseline (28% and 34%, respectively). However, the average number of days of marijuana use remained constant from baseline to follow-up ($\underline{M}$ = 14 days, $\underline{SD}$ = 12.5, range 1-30).

There was a trend towards improved perception of physical risks associated with marijuana from baseline to follow-up. Specifically, more than half of the sample (60%) believed that there was a moderate to great risk involved with smoking marijuana once a month or more, compared to 43% of participants at baseline ($\chi^2 = 3.67$, $p = .07$).



## Conclusion

Significant changes in self-efficacy and knowledge related to HIV and substance use prevention was observed among the students we were able to assess at both baseline and follow-up, but not behavior change. Additional procedures will be implemented to reduce drop-outs in the future, however this may remain a limitation of the evaluation of the program due to the transient nature of the youth at the community sites. Results also suggest that to accomplish behavior change, that a longer duration of intervention and more technical assistance to youth to strengthen their prevention efforts may be required. Interpretation of these preliminary results is also limited by the lack of an appropriate control group, as factors like maturation may have had a significant impact on the risk behaviors being studied. Overall, the results of this feasibility phase suggest that the design is possible and the program may be effective in reducing most of the desired outcomes.

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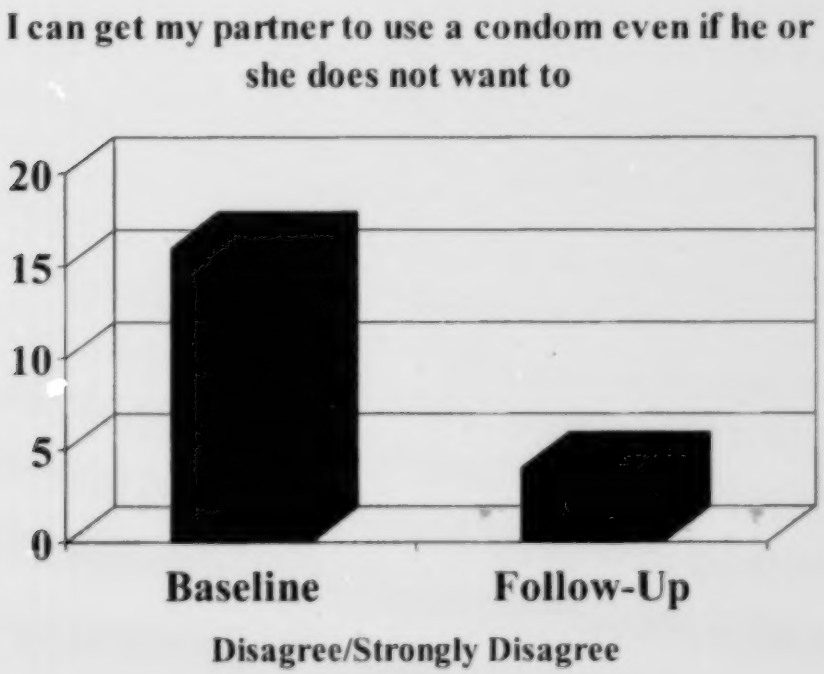

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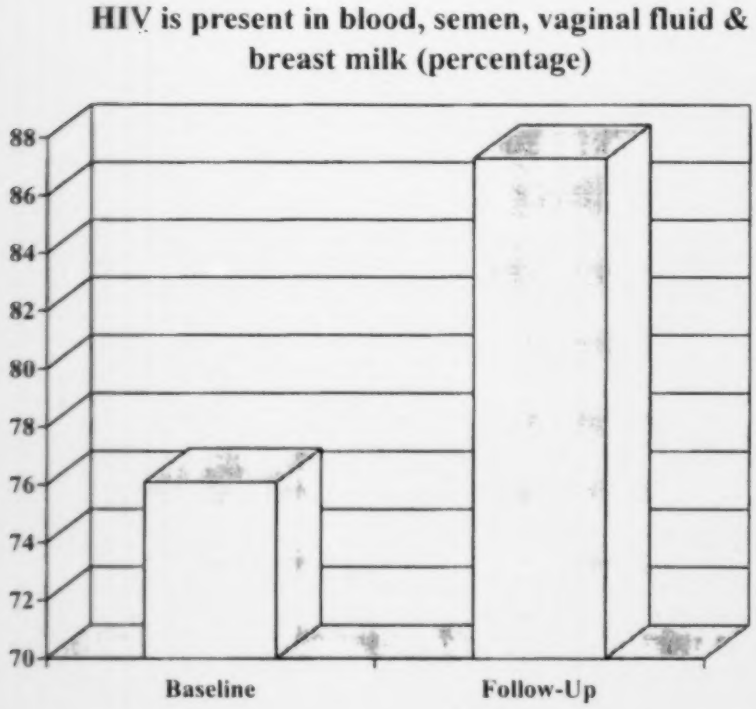


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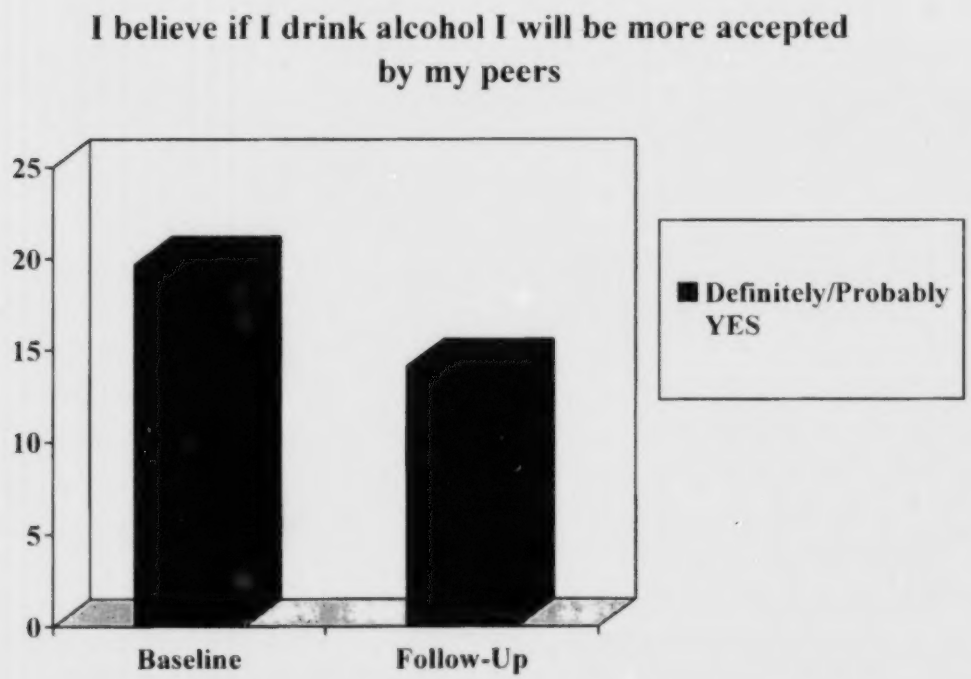


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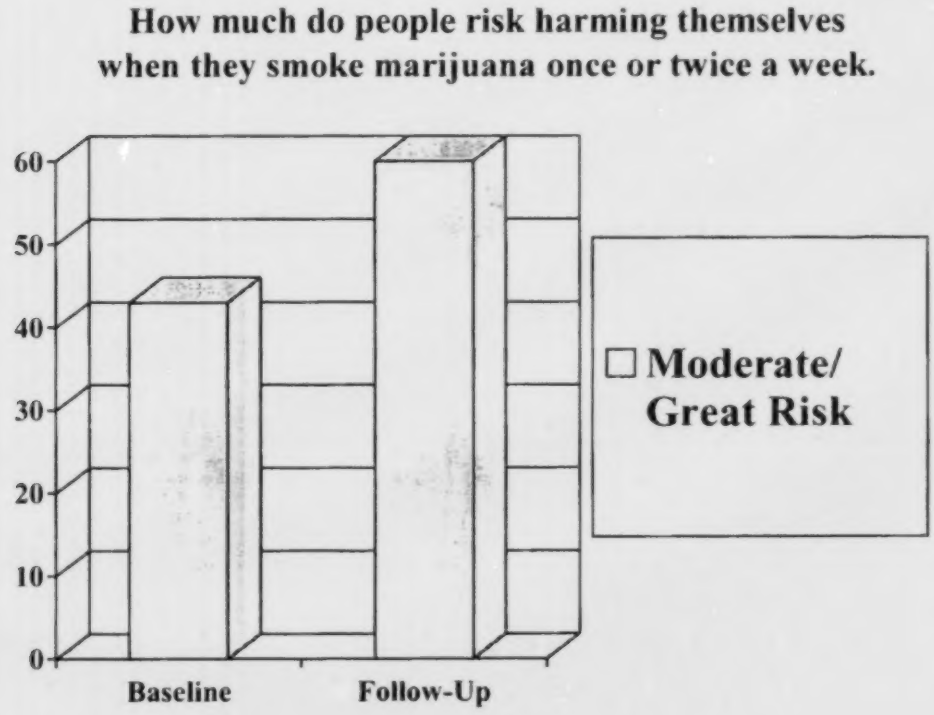

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